

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021078

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 78

FILED JUN 13 1963

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb <u>4 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>143 N. Williams</u>		d. STREET ADDRESS (If outside, give location) <u>1239 Kansas Ave.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>None</u> Last <u>Vest</u>			4. DATE OF DEATH Month <u>May</u> Day <u>31</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/10/1910</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Polk Co., Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Alphonse Vest</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Lightfoot</u>		14. NAME OF HUSBAND OR WIFE <u>Zelva Vest</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates or <u>no</u>)		16. SOCIAL SECURITY NO. <u>58</u>		17. INFORMANT <u>Mable Wells- Bolivar, Missouri</u>	
				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>5/31/63</u> to <u>5/31/63</u> and last saw her alive on <u>5/31/63</u>		21. I attended the deceased from <u>5/31/63</u> to <u>5/31/63</u> and last saw him alive on <u>5/31/63</u>		21. I attended the deceased from <u>5/31/63</u> to <u>5/31/63</u> and last saw her alive on <u>5/31/63</u>	
Death occurred at _____		m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>D. C. McCreary</u> (Degree or title)		22b. ADDRESS <u>Bolivar Mo</u>		22c. DATE SIGNED <u>6/1/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/3/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Polk, Missouri</u>		23d. LOCATION (City, town, or county) <u>Polk, Missouri</u>		23d. LOCATION (City, town, or county) <u>Polk, Missouri</u>	
24. FUNERAL DIRECTOR <u>Paul D. Butler - Bolivar, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>June 3, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per J. H.</u>	

(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

10841

28150

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94201

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1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

EXPIRATION DATE 12/31/68

JUN 13 1968

Permit issued June 9, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

J.H.